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RESPONSE TO DARBYSHIRE 2018: Nursing a media grievance

Response to Darbyshire 2018

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Darbyshire has (again) written a cogent and intelligent editorial about nurses' portrayals in the media (Darbyshire 2018). He based his argument around two events – firstly, an online discussion with Sandy Summers from the *Truth About Nursing* website: http://www.truthaboutnursing.org/ in which he argued that all perspectives of nurses should

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be aired, even those as awful as Nurse Ratched, or as silly as Matron in the *Carry On* films. Personally, we fully agree.

Darbyshire's other argument was triggered by a discussion in which he was told he should not repeat negative media stories about nursing and nurses, in this particular case, in aged care. The person who took him to task argued that we should encourage the media to portray only positive images of nurses and nursing care, and try – somehow – to stop them presenting negative stories. Darbyshire argued that we cannot and should not try to stop negative portrayals of nursing – he says that

> *The antidote to bad care stories is not … suppression of "bad news" or … good news stories to somehow cancel the bad news out. It is the elimination of poor care and its replacement with exemplary care every time for every patient and every community that will eliminate "bad press*." (Darbyshire 2018 p2).

This rang bells with us. One of our fields of study is the roles of nurses and midwives in the crimes of the Nazi era (Benedict & Shields, 2014). Nurses gave drug overdoses to disabled children, and to adults with mental illnesses; midwives drowned babies born with abnormalities; nurses at Ravensbrück Concentration Camp held Polish women down so they could have dirt and glass shards inserted into their legs to see how battle wounds developed (Benedict, 2003); nurses in Auschwitz camp hospital prepared women for injections of toxic substances such as phenol into their Fallopian tubes, and men for X-ray overdoses to their testicles to induce sterility; and they helped Dr Mengele operate on twins (Weindling, 2004). There are many other instances of nurses' and midwives' involvement in some of the worst crimes in history, and it must be noted, while a small proportion of the nurses were prisoners themselves and had little choice, in most cases, the nurses and midwives became involved

voluntarily because they believed that what they were doing was the right thing for the Third Reich (Benedict & Shields, 2014).

There is a large body of scholarship about what doctors did during this era, but the scholarship about nurses and midwives, until recently, has remained minimal. There could be many reasons for this, but one reason is something we have encountered since beginning this journey of research – much resistance from the profession itself.

LS began investigating in the 1990s when she encountered the work of the late Hilde Steppe, a courageous German nurse who was the first to publish in the area (we won't list all her references, they are numerous, in both German and English, and are easy to find). Then she was privileged to team up with the current leader in the field, Susan Benedict (see Benedict and Shields 2014, which includes Steppe's references), one of the authors of this commentary.

But the message we have often received, from many quarters and countries, in nursing, is "you shouldn't study that" and "nurses would never do those things". Some Heads of School and Deans in universities where we have worked have said the work was not relevant to nursing today and we should drop it.

We are startled and upset by such attitudes. In 2017, we – Shields, Benedict and Darbyshire - along with nine other senior academic and clinical nurses, published a paper about nurses' roles in executions (Shields et al., 2017). A divergence of opinion arose as some believed that nurses inserting IV lines for lethal injections were providing good nursing care at the end of someone's life, while others argued that such activities flew in the face of all nursing codes of ethics, for example the International Council of Nurses (2012) and the American Nurses' Association (2010). In that paper, Benedict and Shields argued that such roles were redolent of the roles of nurses in Nazi Germany, and the fact that some saw the

role as a positive illustrates to us that our work is important and necessary and one that needs to be informed by history.

Executions are an extreme example of where we should be examining nurses' roles in light of past history. Others have slipped under the radar of those who are concerned about the ethics of what nurses and midwives do. We present some illustrations for our argument. In the history of nursing and midwifery, these illustrations parallel the roles and actions of nurses and midwives in Nazi Europe. We should look to the historical reports of how and why they assisted with the deaths of people who were thought to be (and in some cases believed themselves to be) burdens (Benedict & Shields, 2014).

Importantly, we are not arguing the rights or wrongs of the actions below – they all generate much debate in the bioethics literature. Rather, we contend that these things are happening and all nurses and midwives who contemplate working in units and situations where they occur should allow history to inform their decisions as to working there.

Our first scenario: one Australian state has just legalised voluntary euthanasia. Nurses' roles have yet to be determined, but the nursing world will follow the literature about, and experiences of, nurses in other countries where this occurs. Of course, there are cogent arguments from clinical, ethics and religious perspectives for voluntary euthanasia. However, it is worth remembering that Nazi Germany called their programme of murdering anyone who was disabled, had a mental illness, was 'racially inferior' or was considered 'life unworthy of life' - "euthanasia" - and nurses and midwives were involved (Benedict & Shields, 2014). Of course, modern voluntary euthanasia is controlled by consent, something patently lacking in Nazi "euthanasia". Be that as it may, this history is important for nurses to know as Victoria goes down the path of engaging health professionals to work in the area.

Our second scenario is prenatal screening. Today, in some countries, if a fetus with a defect is detected before birth, and if the defect is severe, the parents will be offered

termination of the pregnancy. It is hard to be negative about this practice when it prevents the birth of infants who would not survive for long, or who could face a life of profound disability, although there is much debate about the ethics of these procedures (Iltis, 2016). History shows that in Nazi Germany, newborn infants with defects were killed, usually by nurses and midwives. Prenatal screening didn't exist and abortions were illegal for German women at that time. Today, screening is almost standard for women 35 years of age or older or those with certain family/genetic histories. Is adequate counselling provided to the woman *before* undergoing the screening about the difficult decisions that would be confronted if findings were grossly abnormal? And are the nurses and midwives who are involved cognisant of the history which pre-dated the ethical decision-making that supports (we hope) pre-natal screening today.

If we go back to the 1970s or so, nurses and midwives worked in hospitals where unmarried mothers had to give up their newborns for adoption, or, in Australia, in centres that facilitated the removal of Aboriginal children from their families so they could be brought up in "white" society. If those nurses then had known about the history of nurses removing babies from Polish or Ukrainian parents because they looked "Aryan" and could be brought up in German families (Sereny, 1999) would they have so unquestioningly agreed to work in those situations?

Back to our original point in writing this response to Darbyshire's editorial about nursing's portrayal in the media. What he says makes a lot of sense – that we cannot and should not try to stop negative portrayals of nursing. It is only recently that the roles of nurses and midwives in Nazi crimes have been exposed and examined. Perhaps this protraction in recognising and accepting nursing's role can be attributed to an unwillingness to address such a terrible episode in nursing's (and midwifery's) history. Perhaps it has taken so long for the actions to be scrutinised because many nurses believed what nurses did then was "not

relevant to today's nursing" or that "nurses would never do those things". We can only agree with Darbyshire that all sides of nursing and midwifery, both positive and negative, must be aired, discussed, examined, by both nurses and midwives, as well as journalists and the media, and the people in the general public for whom we care.

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